





**MINIMUM REQUIREMENTS**

IMPORTANT: Do you meet **ALL** of the following requirements?  **Yes**  **No**  
**If No, we will NOT be able to accept your application for this particular opening, please watch for other opportunities at [www.milwaukee.gov/der](http://www.milwaukee.gov/der)**

- Law Degree** from a law school accredited by the American Bar Association.
- Significant labor relations experience.**

**Applicants are also expected to meet these requirements:**

- ❖ Knowledge of grievance procedures and grievance arbitration processes and procedures
- ❖ Knowledge of labor law and labor relations activities and processes
- ❖ Knowledge of labor relations research activities, resource materials and techniques
- ❖ Skill and proficiency in using Microsoft Word and Excel
- ❖ Ability to negotiate and communicate effectively
- ❖ Ability to prepare technical documents (briefs, proposals, counterproposals)
- ❖ Ability to identify trends in wages and benefits
- ❖ Skill in conducting investigations (grievances, arbitrations)
- ❖ Skill in data and information analysis and interpretation
- ❖ Ability to read and interpret job-related material
- ❖ Ability to work cooperatively with labor relations staff, union staff and management
- ❖ Ability to work under pressure and time constraints
- ❖ Ability to be versatile and adaptable
- ❖ Ability to maintain confidentiality

**MINIMUM REQUIREMENT WITHIN 12 MONTHS OF HIRE DATE**

- **Residence in the City of Milwaukee** within twelve months of appointment and throughout employment.

### EDUCATION AND TRAINING

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School?  Yes  No If Yes, Name and Location of High School \_\_\_\_\_

Have you passed a high school equivalency or G.E.D. Test?  Yes  No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

| Name and Location<br>of School | Dates Attended<br>From Mo./Yr. To Mo./Yr. | Credits<br>Earned | Major and Minor<br>Fields of Study | Type of Degree<br>Date Completed |
|--------------------------------|---|-------------------|------------------------------------|----------------------------------|
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Additional coursework, training programs, professional seminars and certifications completed which may be relevant to this position.

Do not list courses require for above degrees.

| Title | Sponsoring Organization/<br>Academic Institution | Dates Attended | Credits |
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If more space is needed please make additional copies of this page or attach additional sheets.

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|---|--|
| <b>Employer</b>                           | From: _____ To: _____<br>Month/year month/year   |
| Address                                   | Salary/Wage: \$ _____ per _____  |
| Your Title                                | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time Hours per week: _____ |
| Supervisor's Name, Title and Phone Number | Reasons for leaving:   |

Answer the following with respect to the bargaining units with which you were involved (for contract negotiations, contract grievance administration, etc.):

| Affiliated Union<br>(AFSCME,<br>WEAC,<br>Operating<br>Engineer, etc.) | Name of Bargaining<br>Unit | Number of<br>Employees in<br>Bargaining Unit | Your Duties (check one) |                     |         |
|---|----------------------------|--|-------------------------|---------------------|---------|
|   |                            |  | Spokesperson            | Neg. Team<br>Member | Support |
|   |                            |  |                         |                     |         |
|   |                            |  |                         |                     |         |
|   |                            |  |                         |                     |         |
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Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

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Describe your specific experiences in each of the following areas. For each experience described, identify the employer where this experience was gained and the number of years of experience.

Describe your experience conducting research for the development of labor contract proposals.

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Describe your experience in contract and/or grievance administration and arbitration.

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Describe your experience in advising managers on interpretations of labor contracts, laws, regulations, etc. and assisting in resolving day-to-day labor relations problems.

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Describe your experience in participating in negotiation sessions and acting as chief spokesperson.

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Describe any other education or experience which you think qualifies you for this position:

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**TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, what kind of accommodations will you need?

- \_\_\_\_\_ A signer
- \_\_\_\_\_ A reader
- \_\_\_\_\_ Extra time
- \_\_\_\_\_ Other (Please describe) \_\_\_\_\_

Comments:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.*

# MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION FOR Labor Relations Attorney (Labor Relations Specialist)

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

### ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

#### Basis for Eligibility:

- I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- I am the unremarried spouse of a veteran who died of a service-connected disability.
- I am the unremarried spouse of a veteran who was killed in action.

#### Spouse's Military Status:

- Enlisted, drafted or commissioned--active duty
- Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: \_\_\_\_\_

Date Terminated Active Duty: \_\_\_\_\_

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government?  YES  NO

#### Spouse's Period of Service

- August 27, 1940 - July 25, 1947
- June 27, 1950 - January 31, 1955
- August 5, 1964 - January 1, 1977
- Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- Afghanistan War (September 11, 2001 to date to be determined)
- Called to active duty in 1961 by Executive Order No. 10957
- Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: \_\_\_\_\_

Location: \_\_\_\_\_

